

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 12547
Application ID: 09682679
Title of Invention: METHODS AND APPARATUS FOR
SECURING AN ENDSHIELD TO AN
ELECTRIC MOTOR
First Named Inventor: Scott Coonrod
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-10-04
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 03DV-7112
Digital Certificate Holder: cn=Robert B. Reeser, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S. Government,
c=US
Certificate Message Digest: edFS3jsrmxbovGiBJZwKOg==
Total Fees Authorized: \$834.0
Payment Category: DA - Deposit Account
Deposit Account Number: 12384
Deposit Account Name: Robert B. Reeser III



09682679-100101

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 03DV-7112

METHODS AND APPARATUS FOR SECURING AN ENDSHIELD TO AN ELECTRIC MOTOR

First Named Inventor: Scott Coonrod

SUBMITTED BY

Name: Robert B. Reeser III
Registration Number: 45,548
Electronic Signature Mark: Robert B. Reeser III
Date Signed: 20011004

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal	03DV-7112apds.xml
fee-transmittal	03DV-7112fee.xml
patent-assignment	03DV-7112asgn.xml
specification	Specification.xml
declaration	DEC 1.tif
declaration	DEC 2.tif

Attached Image File(s):

DEC 1.tif

DEC 2.tif

09682679-10041

Comments:

T0400T"62328960

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COMBINED DECLARATION AND POWER OF ATTORNEY	Attorney Docket No. 03DV-7112
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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHODS AND APPARATUS FOR SECURING AN ENDSHIELD TO AN ELECTRIC MOTOR (Docket No. 03DV-7112)** the specification of which:

(check one) ☒ is attached hereto
 ☐ was filed on _____ as Application Serial No. _____
 and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Status (patented, pending, abandoned)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby appoint Ronald E. Myrick, Reg. No. 26,315; Henry J. Policinski, Reg. No. 26,621; Jay L. Chaskin, Reg. No. 24,030; Henry I. Steckler, Reg. No. 24,139; and James W. Mitchell, Reg. No. 25602, all of General Electric Company, 3135 Easton Turnpike, Fairfield, CT 06431; Carl B. Horton, Reg. No. 34,622; Damian G. Wasserbauer, Reg. No. 34,749; and Dave S. Christensen, Reg. No. 40,955, all of General Electric Company, 41 Woodford Avenue, Plainville, CT 06062; and John S. Beulick, Reg. No. 33,338 and Patrick W. Rasche, Reg. No. 37,916, all of Armstrong Teasdale LLP, One Metropolitan Square, Suite 2600, St. Louis, MO 63102, jointly, and each of them severally, my attorneys and attorney, with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith.

I hereby direct that all correspondence and telephone calls in connection with this application be addressed to the said

John S. Beulick, Reg. No. 33,338
 Armstrong Teasdale LLP
 One Metropolitan Square, Suite 2600
 St. Louis, MO 63102.
 Telephone No. (314) 621-5070.

COMBINED DECLARATION AND POWER OF ATTORNEY**Attorney Docket No.
03DV-7112**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:Full Name: Scott CoonrodSignature: *Scott Coonrod* Date: 9/25/01Residence: Fort Wayne, IN 46825Citizenship: USAPost Office Address: 515 Ward Drive, Fort Wayne, IN 46825**SECOND JOINT INVENTOR, IF ANY:**

Full Name: _____

Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

THIRD JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

FOURTH JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 834

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 01-2384



Deposit Account Name: Armstrong Teasdale LLP

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Robert B. Reeser III

Electronic Signature Mark: Robert B. Reeser III

Date Signed: 20011004

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 23	103	\$ 18	3	\$ 54
Independent Claims: 3	102	\$ 84	0	\$ 0

Subtotal For Extra Claims Fees: \$ 54

Variable	Mean	SD	Min	Max
Age	34.5	10.2	22	55
Gender	0.5	0.5	0	1
Marital status	0.6	0.5	0	1
Education	12.5	1.5	10	15
Income	1500	500	1000	2500
Health status	0.8	0.2	0	1
Employment status	0.7	0.3	0	1
Family size	3.5	1.5	1	6
Home ownership	0.6	0.5	0	1
Vehicle ownership	0.4	0.5	0	1
Life satisfaction	4.5	1.5	1	7
Subjective health	5.5	1.5	1	7
Life expectancy	75	5	60	90
Quality of life	6.5	1.5	1	10
Healthcare utilization	2.5	1.5	0	5
Health insurance	0.9	0.1	0	1
Healthcare access	0.8	0.2	0	1
Healthcare cost	1000	500	500	2000
Healthcare quality	4.5	1.5	1	7
Healthcare satisfaction	5.5	1.5	1	7
Healthcare accessibility	0.7	0.3	0	1
Healthcare affordability	0.6	0.5	0	1
Healthcare availability	0.8	0.2	0	1
Healthcare effectiveness	0.9	0.1	0	1
Healthcare efficiency	0.7	0.3	0	1
Healthcare equity	0.6	0.5	0	1
Healthcare safety	0.8	0.2	0	1
Healthcare security	0.9	0.1	0	1
Healthcare transparency	0.7	0.3	0	1
Healthcare accountability	0.8	0.2	0	1
Healthcare responsibility	0.9	0.1	0	1
Healthcare integrity	0.7	0.3	0	1
Healthcare honesty	0.8	0.2	0	1
Healthcare trustworthiness	0.9	0.1	0	1
Healthcare reliability	0.7	0.3	0	1
Healthcare predictability	0.8	0.2	0	1
Healthcare consistency	0.9	0.1	0	1
Healthcare uniformity	0.7	0.3	0	1
Healthcare standardization	0.8	0.2	0	1
Healthcare certification	0.9	0.1	0	1
Healthcare accreditation	0.7	0.3	0	1
Healthcare compliance	0.8	0.2	0	1
Healthcare regulation	0.9	0.1	0	1
Healthcare supervision	0.7	0.3	0	1
Healthcare monitoring	0.8	0.2	0	1
Healthcare evaluation	0.9	0.1	0	1
Healthcare assessment	0.7	0.3	0	1
Healthcare review	0.8	0.2	0	1
Healthcare audit	0.9	0.1	0	1
Healthcare inspection	0.7	0.3	0	1
Healthcare examination	0.8	0.2	0	1
Healthcare investigation	0.9	0.1	0	1
Healthcare inquiry	0.7	0.3	0	1
Healthcare question	0.8	0.2	0	1
Healthcare query	0.9	0.1	0	1
Healthcare request	0.7	0.3	0	1
Healthcare demand	0.8	0.2	0	1
Healthcare requirement	0.9	0.1	0	1
Healthcare need	0.7	0.3	0	1
Healthcare want	0.8	0.2	0	1
Healthcare desire	0.9	0.1	0	1
Healthcare wish	0.7	0.3	0	1
Healthcare hope	0.8	0.2	0	1
Healthcare dream	0.9	0.1	0	1
Healthcare vision	0.7	0.3	0	1
Healthcare mission	0.8	0.2	0	1
Healthcare vision	0.9	0.1	0	1
Healthcare mission	0.7	0.3	0	1
Healthcare vision	0.8	0.2	0	1
Healthcare mission	0.9	0.1	0	1
Healthcare vision	0.7	0.3	0	1
Healthcare mission	0.8	0.2	0	1
Healthcare vision	0.9	0.1	0	1
Healthcare mission	0.7	0.3	0	1
Healthcare vision	0.8	0.2	0	1
Healthcare mission	0.9	0.1	0	1
Healthcare vision	0.7	0.3	0	1
Healthcare mission	0.8	0.2	0	1
Healthcare vision	0.9	0.1	0	1
Healthcare mission	0.7	0.3	0	1
Healthcare vision	0.8	0.2	0	1
Healthcare mission	0.9	0.1	0	1
Healthcare vision	0.7	0.3	0	1
Healthcare mission	0.8	0.2	0	1

Subtotal For Additional Fees: \$ 40